

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22866

State File No. \_\_\_\_\_

FILED JUL 18 1951

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>107</u>		
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE: (Where deceased lived. If institution: (residence before admission)) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Thindsor</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thindsor</u>		0420		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>311 Washington</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>E</u> c. (Last) <u>WALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 26, 1860</u>		
9. AGE (in years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Julius Wall</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woolfolk</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Sutherland Wall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Logan Wall RFD, Leeton, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>								
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>May 15, 1951</u> , to <u>June 26, 1951</u> , that I last saw the deceased alive on <u>June 25, 1951</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Logan Wall Mo</u> (Degree or title)				23b. ADDRESS <u>Thindsor</u>		23c. DATE SIGNED <u>7/7-51</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Thindsor, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 7-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422 5. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turney</u>		ADDRESS <u>Thindsor, Mo.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-17-51

RECEIVED  
JUL 17 1951

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*Edward Hunter*

Licensed Embalmer No. \_\_\_\_\_

3391

P. O. Address \_\_\_\_\_

*Windsor Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.